



DEATH REPORT

State Form 50790 (R / 5-07)

Approved by State Board of Accounts, 2007

INDIANA STATE TEACHERS RETIREMENT FUND

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Privacy Notice

Your Social Security Number is being requested pursuant to IRS Code 3405. Disclosure is mandatory and this document cannot be processed without it.

PLEASE SUBMIT A COPY OF THE DEATH CERTIFICATE WITH THIS FORM.

DECEASED MEMBER'S INFORMATION		
Name of deceased		Date (month, day, year)
Social Security number of deceased	TRF number	Date of death (month, day, year)
CONTACT INFORMATION		
Is there a surviving spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please verify their Social Security number and date of birth:		
Social Security number: _____		Date of birth: _____
If no, indicate your relationship to deceased:		
Contact name		
Contact address		Home telephone number:
		Other telephone number:
City	State	ZIP code

OFFICE USE ONLY: Date file was ordered: _____

Payee's name & relationship: _____

Social Security number: _____ Address: _____

Insurance: _____ N _____ Y \$ _____

Stop made: _____ Option/Alternative: _____ Retirement date: _____

Co-Survivor Amount: \$ _____

Member Gross Amount: \$ _____ Payment date: _____

Final Payment Amount: \$ _____

Comments: _____

Prepared by: _____

Audited by: _____

Date: _____

Date: _____